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YOUR DISABILITY CLAIM

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Your disability claim

This leaflet explains:

- How your claim for disability benefits will be handled;
- Your responsibility to help furnish any additional information or evidence that may be required; and
- How you will be notified of the decision made on your claim.

Role of the Social Security office

The Social Security office takes your claim and makes sure you meet all basic requirements. It does not decide if you are disabled. The way the claim is handled at this stage depends on whether you applied for Social Security or supplemental security income (SSI) checks:

- *Social Security benefits*—If you are a disabled worker, your earnings record will be reviewed to see if you worked long enough and recently enough under Social Security to be insured. If you applied as a worker's disabled dependent or survivor, a review will be made to see if he or she worked long enough to be insured.

- *SSI payments*—If your income and resources are within certain limits, you may also qualify for SSI payments for months before your Social Security disability benefits begin. In addition, you may be eligible for continued SSI payments in a smaller amount if your Social Security benefits are not more than the allowable limits. Social Security will decide if you can qualify for SSI in addition to Social Security disability benefits.

The Social Security office also will ask for information which will help show whether you are now doing "substantial gainful work." If you are now doing this, you cannot receive disability checks even if you are severely disabled.

- Work is *"substantial"* if it involves significant physical or mental activities. Work can be substantial even if performed part time or if duties or responsibilities are less than before.
- Work is *"gainful"* if it is the kind usually done for pay or profit (even if there is no profit). In general, average earnings of more than $300 a month ($650 for blind people in 1986) are considered gainful.

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Role of the State Disability Determination Services office

If you meet all basic requirements, the Social Security office will send your claim to the Disability Determination Services (DDS) office in your State. That office makes disability decisions on behalf of the Social Security Administration. There, a team of professionals—one of whom is a doctor—will carefully review all the facts in your case in deciding whether you are disabled under the Social Security law.

To be considered disabled, you must have a severe physical or mental impairment which will prevent you (or has prevented you) from doing any substantial gainful work for *at least 12 months* in a row. You should be aware that the Social Security rules for determining disability differ from other Government and private programs. A person entitled to disability checks under another program may or may not be entitled under Social Security. However, a decision made by another agency and medical reports it obtained may be considered in deciding whether you can receive Social Security or SSI disability checks.

If medical evidence shows that your condition meets or equals the severity of a similar condition described in Social Security's *Listing of Impairments,* you are presumed to be disabled. (You can look at these listings in any Social Security office.)

If your condition is not included in the *Listing of Impairments,* yet is severe, a finding of disability may still be possible. The DDS team will study how your impairment limits your activities and what remaining abilities you have. It will determine whether you are able to do either your regular type of job or some other kind of substantial gainful work. Your age, education, and previous work experience will be considered in deciding this.

(*NOTE*—If you are a widow or widower applying for disability checks, a decision is based only on medical facts. Your age, education, and work experience are not considered.)

Obtaining medical reports

The Disability Determination Services people will get the medical reports you authorized them to request. If they have difficulty getting the reports, you may be asked to help them. If any report is not received, the decision on your claim may have to be based on available information.

On the medical report forms, your doctors or other sources are asked for a medical history of your condition: What is wrong with you and when it began; how the condition limits activities; what medical tests have shown; and what treatment has been provided. They are not asked to decide whether or not you are disabled.

It is likely that a decision on whether you are disabled can be based on medical reports from sources you listed. But if more medical information is needed, you may be referred to a physician or to a clinic or other facility for a special examination or test. The Government will pay for this additional evidence and certain travel costs connected with it.

Your responsibility

It is your responsibility and in your best interest to fully cooperate if additional medical or other evidence is needed. This will help assure that the decision on your claim is made as quickly as possible and will be based on the most complete information available. Failure to do so can delay your claim or result in an unfavorable determination. In addition, you should let Social Security know promptly if:

- You change your address or phone number;
- You begin working or feel you are able to work;
- Your condition improves or worsens; or
- You go to another doctor or medical facility for tests or treatment.

How you are notified

It generally takes 2 to 3 months to process a disability claim. The actual time depends largely on how long it takes to receive medical reports and other information and on whether a special examination or test is needed.

After a decision has been made as to whether you are disabled, you will be notified by mail. If your claim is approved, the letter will show how much you and any dependents will receive each month and when to expect your first check. If your claim is denied, the letter will explain why and how you can appeal the decision if you think it is wrong.

Periodic review of claim

If you receive disability checks, your claim will be reviewed periodically. This is to make sure you meet all requirements for benefits. How often it is reviewed will depend on the nature and severity of your impairment, the likelihood for improvement, and other factors. A review can take place from as soon as 6 months to as long as 7 years after entitlement.

Important improvements in the disability review process were made recently. To find out about them, ask at any Social Security office.

Vocational rehabilitation

Whether or not your disability claim is approved, you will be considered for possible services by your State vocational rehabilitation (VR) agency to help you get back to work. Services could include counseling and guidance, medical or surgical help, and job training and placement. If you are offered services and refuse them without good cause, monthly benefits cannot be paid.

If you have questions

If you have any questions or want more information about your claim, contact your Social Security office. The people there will be glad to help you.

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